

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722339

1. Entity Name

HALIFAX RIVER AUDUBON SOCIETY, INC.

Principal Place of Business

Mailing Address

501 N WILD OLIVE AVE  
#1  
DAYTONA BEACH FL 32118  
US

6118 JASMINE VINE DR  
PT ORANGE FL 32124-7113  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7193602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OGGLESBY, MARIE  
1173 HOUDY SHELL RD.  
DAYTONA BEACH FL 32199

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JOHN	
STREET ADDRESS	717 N PENINSULA DR	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARR, JOHN	
STREET ADDRESS	357 BROOKLINE AVE	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	OGGLESBY, MARIE	
STREET ADDRESS	1173 HOUDYSHELL ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBINSON, MORRELL S.	
STREET ADDRESS	6118 JASMINE VINE DR	
CITY-ST-ZIP	PT ORANGE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CERRITO, ANGELO	
STREET ADDRESS	6065 HENSEL RD	
CITY-ST-ZIP	PT ORANGE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lois Robinson	
STREET ADDRESS	6118 Jasmine Vine DR	
CITY-ST-ZIP	PT ORANGE, FL 32124	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Madelaine Shaddix	
STREET ADDRESS	6 HOMER TERRACE	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MORRELL S. ROBINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000 904-760-8430

Daytime Phone #

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90033 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)